



USING THE DECENNIAL CENSUS TO DRAW CONCLUSIONS ABOUT AMERICAN LIFE

Activity Items

The following items are part of this activity and appear at the end of this student version.

- Item 1: 1940 Census Questionnaire
- Item 2: 1960 Census Questionnaire
- Item 3: 2010 Census Questionnaire

Student Learning Objectives

- I will be able to gather information from primary sources.
- I will be able to make inferences from 1940, 1960, and 2010 census questionnaires to explain how the questions relate to the socioeconomic issues of each era.

NAME: _____ DATE: _____

1. What do you notice about the questions in **Item 1: 1940 Census Questionnaire**? Does anything surprise you? What do you wonder about? Record at least three observations and at least three questions about the item.
2. Now closely review **Item 2: 1960 Census Questionnaire**, then create a Venn diagram that shows the differences and similarities between **Items 1** and **2**. Include at least three points in each diagram section.

3. Answers to which specific questions from **Item 2** would have helped illustrate a respondent's overall housing situation? How?
4. Still looking at **Item 2**, what are some ways that homes were heated and cooled in 1960, and what does this variety of options tell you about the differences in Americans' socioeconomic statuses at the time?
5. According to **Item 2**, what might people during this time period have used to get their news and what might they have used to communicate with others?

6. Choose three questions from **Item 2**, then determine how an American in poverty and an American in the middle class might answer them.

Question from Item 2	Potential response of an American in poverty	Potential response of a middle-class American

- Write a paragraph explaining how the questions and options listed in **Item 2** tie into the economic boom and social transformation that the United States saw in the decades following World War II.
- How was life in the United States different in 1960 compared with in 1940? Use information from **Items 1** and **2** to support your answer.
- Now look at **Item 3: 2010 Census Questionnaire**. What changed since 1960?

10. Read the *USA Today* article titled, "Census tracks 20 years of sweeping change" (usatoday30.usatoday.com/news/nation/census/2011-08-10-census-20-years-change_n.htm?siteID=je6NUbpObpQ-7apO6FpsGc9D2HOXkUKJtg), which discusses changes in the population reported by the U.S. Census Bureau in 2010. According to the article, what were some of these changes?
11. Thinking about the similarities and differences among the 1940, 1960, and 2010 census questionnaires, in what major ways have Americans' socioeconomic situations changed from era to era?

Item 1: 1940 Census Questionnaire

SECTION	I. LOCATION AND HOUSEHOLD DATA							II. CHARACTERISTICS OF STRUCTURE						
	1	2	3	4	5	6	7	8	9	10	11	12		
	No. of structure in order of visitation	Population Line No. Block No. Name of head Street and No. Apt. No. or location	Color of race of head White <input type="checkbox"/> 1 Negro <input type="checkbox"/> 2 All other <input type="checkbox"/> 3	Number of persons in household <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Live on a farm? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	Home tenure Owned <input type="checkbox"/> 1 Rented <input type="checkbox"/> 0	Value of home or monthly rental \$ Est. rent of owned nonfarm home <input type="checkbox"/> 1 2-family side-by-side <input type="checkbox"/> 1 2-family other <input type="checkbox"/> 2	Type of structure in which this dwelling unit is located Structure with- out business <input type="checkbox"/> V 1-fam. detach. <input type="checkbox"/> 1 1-fam. attach. <input type="checkbox"/> 1 2-fam. side-by-side <input type="checkbox"/> 1 2-family other <input type="checkbox"/> 2	No. of units 1 <input type="checkbox"/> 1 3-or-more no bus. <input type="checkbox"/> 1 1 With bus. <input type="checkbox"/> 1 Oth. dwlg. place. <input type="checkbox"/> 1	Built as: Residential same <input type="checkbox"/> 1 Residential differ. <input type="checkbox"/> 2 Nonresidential <input type="checkbox"/> 3	Exterior material Wood <input type="checkbox"/> 1 Brick <input type="checkbox"/> 2 Stucco <input type="checkbox"/> 3 Other <input type="checkbox"/> 4	Structure in need of major repairs? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	Year original built	
1	Dwelling unit No.	Population Line No. Block No. Name of head Street and No. Apt. No. or location	Color of race of head White <input type="checkbox"/> 1 Negro <input type="checkbox"/> 2 All other <input type="checkbox"/> 3	Number of persons <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	On a farm? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	Tenure Owned <input type="checkbox"/> 1 Rented <input type="checkbox"/> 0	Value or rent \$ Est. rent owned <input type="checkbox"/> 1 Est. rent <input type="checkbox"/> 1	Type of structure Structure with- out business <input type="checkbox"/> V 1-fam. detach. <input type="checkbox"/> 1 1-fam. attach. <input type="checkbox"/> 1 2-fam. side-by-side <input type="checkbox"/> 1 2-family other <input type="checkbox"/> 2	No. of units 1 <input type="checkbox"/> 1 3-or-more no bus. <input type="checkbox"/> 1 1 With bus. <input type="checkbox"/> 1 Oth. dwlg. place. <input type="checkbox"/> 1	Built as: Residential same <input type="checkbox"/> 1 Residential differ. <input type="checkbox"/> 2 Nonresidential <input type="checkbox"/> 3	Exterior material Wood <input type="checkbox"/> 1 Brick <input type="checkbox"/> 2 Stucco <input type="checkbox"/> 3 Other <input type="checkbox"/> 4	Major re- pairs? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	Year built	
2	Dwelling unit No.	Population Line No. Block No. Name of head Street and No. Apt. No. or location	Color of race of head White <input type="checkbox"/> 1 Negro <input type="checkbox"/> 2 All other <input type="checkbox"/> 3	Number of persons <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	On a farm? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	Tenure Owned <input type="checkbox"/> 1 Rented <input type="checkbox"/> 0	Value or rent \$ Est. rent owned <input type="checkbox"/> 1 Est. rent <input type="checkbox"/> 1	Type of structure Structure with- out business <input type="checkbox"/> V 1-fam. detach. <input type="checkbox"/> 1 1-fam. attach. <input type="checkbox"/> 1 2-fam. side-by-side <input type="checkbox"/> 1 2-family other <input type="checkbox"/> 2	No. of units 1 <input type="checkbox"/> 1 3-or-more no bus. <input type="checkbox"/> 1 1 With bus. <input type="checkbox"/> 1 Oth. dwlg. place. <input type="checkbox"/> 1	Built as: Residential same <input type="checkbox"/> 1 Residential differ. <input type="checkbox"/> 2 Nonresidential <input type="checkbox"/> 3	Exterior material Wood <input type="checkbox"/> 1 Brick <input type="checkbox"/> 2 Stucco <input type="checkbox"/> 3 Other <input type="checkbox"/> 4	Major re- pairs? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	Year built	
3	Dwelling unit No.	Population Line No. Block No. Name of head Street and No. Apt. No. or location	Color of race of head White <input type="checkbox"/> 1 Negro <input type="checkbox"/> 2 All other <input type="checkbox"/> 3	Number of persons <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	On a farm? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	Tenure Owned <input type="checkbox"/> 1 Rented <input type="checkbox"/> 0	Value or rent \$ Est. rent owned <input type="checkbox"/> 1 Est. rent <input type="checkbox"/> 1	Type of structure Structure with- out business <input type="checkbox"/> V 1-fam. detach. <input type="checkbox"/> 1 1-fam. attach. <input type="checkbox"/> 1 2-fam. side-by-side <input type="checkbox"/> 1 2-family other <input type="checkbox"/> 2	No. of units 1 <input type="checkbox"/> 1 3-or-more no bus. <input type="checkbox"/> 1 1 With bus. <input type="checkbox"/> 1 Oth. dwlg. place. <input type="checkbox"/> 1	Built as: Residential same <input type="checkbox"/> 1 Residential differ. <input type="checkbox"/> 2 Nonresidential <input type="checkbox"/> 3	Exterior material Wood <input type="checkbox"/> 1 Brick <input type="checkbox"/> 2 Stucco <input type="checkbox"/> 3 Other <input type="checkbox"/> 4	Major re- pairs? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	Year built	
4	Dwelling unit No.	Population Line No. Block No. Name of head Street and No. Apt. No. or location	Color of race of head White <input type="checkbox"/> 1 Negro <input type="checkbox"/> 2 All other <input type="checkbox"/> 3	Number of persons <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	On a farm? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	Tenure Owned <input type="checkbox"/> 1 Rented <input type="checkbox"/> 0	Value or rent \$ Est. rent owned <input type="checkbox"/> 1 Est. rent <input type="checkbox"/> 1	Type of structure Structure with- out business <input type="checkbox"/> V 1-fam. detach. <input type="checkbox"/> 1 1-fam. attach. <input type="checkbox"/> 1 2-fam. side-by-side <input type="checkbox"/> 1 2-family other <input type="checkbox"/> 2	No. of units 1 <input type="checkbox"/> 1 3-or-more no bus. <input type="checkbox"/> 1 1 With bus. <input type="checkbox"/> 1 Oth. dwlg. place. <input type="checkbox"/> 1	Built as: Residential same <input type="checkbox"/> 1 Residential differ. <input type="checkbox"/> 2 Nonresidential <input type="checkbox"/> 3	Exterior material Wood <input type="checkbox"/> 1 Brick <input type="checkbox"/> 2 Stucco <input type="checkbox"/> 3 Other <input type="checkbox"/> 4	Major re- pairs? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	Year built	
5	Dwelling unit No.	Population Line No. Block No. Name of head Street and No. Apt. No. or location	Color of race of head White <input type="checkbox"/> 1 Negro <input type="checkbox"/> 2 All other <input type="checkbox"/> 3	Number of persons <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	On a farm? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	Tenure Owned <input type="checkbox"/> 1 Rented <input type="checkbox"/> 0	Value or rent \$ Est. rent owned <input type="checkbox"/> 1 Est. rent <input type="checkbox"/> 1	Type of structure Structure with- out business <input type="checkbox"/> V 1-fam. detach. <input type="checkbox"/> 1 1-fam. attach. <input type="checkbox"/> 1 2-fam. side-by-side <input type="checkbox"/> 1 2-family other <input type="checkbox"/> 2	No. of units 1 <input type="checkbox"/> 1 3-or-more no bus. <input type="checkbox"/> 1 1 With bus. <input type="checkbox"/> 1 Oth. dwlg. place. <input type="checkbox"/> 1	Built as: Residential same <input type="checkbox"/> 1 Residential differ. <input type="checkbox"/> 2 Nonresidential <input type="checkbox"/> 3	Exterior material Wood <input type="checkbox"/> 1 Brick <input type="checkbox"/> 2 Stucco <input type="checkbox"/> 3 Other <input type="checkbox"/> 4	Major re- pairs? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	Year built	
6	Dwelling unit No.	Population Line No. Block No. Name of head Street and No. Apt. No. or location	Color of race of head White <input type="checkbox"/> 1 Negro <input type="checkbox"/> 2 All other <input type="checkbox"/> 3	Number of persons <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	On a farm? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0	Tenure Owned <input type="checkbox"/> 1 Rented <input type="checkbox"/> 0	Value or rent \$ Est. rent owned <input type="checkbox"/> 1 Est. rent <input type="checkbox"/> 1	Type of structure Structure with- out business <input type="checkbox"/> V 1-fam. detach. <input type="checkbox"/> 1 1-fam. attach. <input type="checkbox"/> 1 2-fam. side-by-side <input type="checkbox"/> 1 2-family other <input type="checkbox"/> 2	No. of units 1 <input type="checkbox"/> 1 3-or-more no bus. <input type="checkbox"/> 1 1 With bus. <input type="checkbox"/> 1 Oth. dwlg. place. <input type="checkbox"/> 1	Built as: Residential same <input type="checkbox"/> 1 Residential differ. <input type="checkbox"/> 2 Nonresidential <input type="checkbox"/> 3	Exterior material Wood <input type="checkbox"/> 1 Brick <input type="checkbox"/> 2 Stucco <input type="checkbox"/> 3 Other <input type="checkbox"/> 4	Major re- pairs? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 0		

www.census.gov/history/pdf/1940_housing_questionnaire.pdf

Click on the link above to view the item online.

Item 1: 1940 Census Questionnaire (Continued)

SECTION	I. LOCATION AND HOUSE				II. CHARACTERISTICS OF DWELLING UNIT																				
	1	2			13	14		15		16		17		18		19		20		21		22			
	No. of structure in order of valuation	Population Line No.	Block No.		Number of rooms	Water supply	Toilet facilities	Bath or shower with running water in structure	Principal lighting equip't in str.	Principal refrigeration equip't in str.	Radio in dwelling unit?	Heating equipment	Principal fuel used for heating	Principal fuel used for cooking											
		Name of head				Running water in dwelling unit	Flash toilet in str., excl. use	Flash toilet in str., shared	Exclusive use	Gas	Electric	Steam or hot water	Coal or coke	Fuel oil	Kerosene	Wood	Gas	Electric	Coal or coke	Fuel oil	Kerosene	Wood	Gas	Electric	
1	Dwelling unit No.	Street and No.	Apt. No. or location			Running water in dwelling unit	Flash toilet in str., excl. use	Flash toilet in str., shared	Exclusive use	Gas	Electric	Steam or hot water	Coal or coke	Fuel oil	Kerosene	Wood	Gas	Electric	Coal or coke	Fuel oil	Kerosene	Wood	Gas	Electric	
2	Struct. No.	Population Line No.	Block No.		Rooms	Water	Toilet	Bath	Light	Refrig.	Radio	Heating equip't	Heating fuel	Cooking fuel											
	Dwelling unit No.	Name of head				Run. wat. in H.d. pump in	Fl. in, excl.	Fl. in, shar.	Excl. use	Gas	Electric	Steam or hot water	Coal or coke	Fuel oil	Kerosene	Wood	Gas	Electric	Coal or coke	Fuel oil	Kerosene	Wood	Gas	Electric	
		Street and No.	Apt. No. or location			Run. wat. 50ft.	Nonfl., in.	Nonfl., in.	Shared	Gas	Electric	Piped warm air	Wood	Coal or coke	Kerosene	Other	Gas	Other	Electric	Coal or coke	Fuel oil	Kerosene	Other	Gas	Electric
						Other 50 ft.	Outside	Outside	Gas	Other	Other	Heating stove	Gas	Other	Other	Gas	Other	Other	Electric	None	None	None	None	None	
						None 50 ft.	None	None	None	Other	None	Other or none	Electric	None	None	Electric	None	None	Electric	None	None	None	None	None	
3	Struct. No.	Population Line No.	Block No.		Rooms	Water	Toilet	Bath	Light	Refrig.	Radio	Heating equip't	Heating fuel	Cooking fuel											
	Dwelling unit No.	Name of head				Run. wat. in H.d. pump in	Fl. in, excl.	Fl. in, shar.	Excl. use	Gas	Electric	Steam or hot water	Coal or coke	Fuel oil	Kerosene	Wood	Gas	Electric	Coal or coke	Fuel oil	Kerosene	Wood	Gas	Electric	
		Street and No.	Apt. No. or location			Run. wat. 50ft.	Nonfl., in.	Nonfl., in.	Shared	Gas	Electric	Piped warm air	Wood	Coal or coke	Kerosene	Other	Gas	Other	Electric	Coal or coke	Fuel oil	Kerosene	Other	Gas	Electric
						Other 50 ft.	Outside	Outside	Gas	Other	Other	Heating stove	Gas	Other	Other	Gas	Other	Other	Electric	None	None	None	None	None	
						None 50 ft.	None	None	None	Other	None	Other or none	Electric	None	None	Electric	None	None	Electric	None	None	None	None	None	
4	Struct. No.	Population Line No.	Block No.		Rooms	Water	Toilet	Bath	Light	Refrig.	Radio	Heating equip't	Heating fuel	Cooking fuel											
	Dwelling unit No.	Name of head				Run. wat. in H.d. pump in	Fl. in, excl.	Fl. in, shar.	Excl. use	Gas	Electric	Steam or hot water	Coal or coke	Fuel oil	Kerosene	Wood	Gas	Electric	Coal or coke	Fuel oil	Kerosene	Wood	Gas	Electric	
		Street and No.	Apt. No. or location			Run. wat. 50ft.	Nonfl., in.	Nonfl., in.	Shared	Gas	Electric	Piped warm air	Wood	Coal or coke	Kerosene	Other	Gas	Other	Electric	Coal or coke	Fuel oil	Kerosene	Other	Gas	Electric
						Other 50 ft.	Outside	Outside	Gas	Other	Other	Heating stove	Gas	Other	Other	Gas	Other	Other	Electric	None	None	None	None	None	
						None 50 ft.	None	None	None	Other	None	Other or none	Electric	None	None	Electric	None	None	Electric	None	None	None	None	None	
5	Struct. No.	Population Line No.	Block No.		Rooms	Water	Toilet	Bath	Light	Refrig.	Radio	Heating equip't	Heating fuel	Cooking fuel											
	Dwelling unit No.	Name of head				Run. wat. in H.d. pump in	Fl. in, excl.	Fl. in, shar.	Excl. use	Gas	Electric	Steam or hot water	Coal or coke	Fuel oil	Kerosene	Wood	Gas	Electric	Coal or coke	Fuel oil	Kerosene	Wood	Gas	Electric	
		Street and No.	Apt. No. or location			Run. wat. 50ft.	Nonfl., in.	Nonfl., in.	Shared	Gas	Electric	Piped warm air	Wood	Coal or coke	Kerosene	Other	Gas	Other	Electric	Coal or coke	Fuel oil	Kerosene	Other	Gas	Electric
						Other 50 ft.																			

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Item 1: 1940 Census Questionnaire (Continued)

SECTION	I. LOCATION AND HOUSE				IV. UTILITY DATA FOR EACH RENT-ER-OCCUPIED NONFARM UNIT	V. FINANCIAL DATA FOR EACH OWNER-OCCUPIED NONFARM UNIT (In structure without business containing not more than 4 dwelling units)															
					FOR EACH FIRST MORTGAGE OR LAND CONTRACT																
	1 No. of structure in order of visitation	2 Population Line No. Block No.	23 Furn. in rent? Yes <input type="checkbox"/> No <input type="checkbox"/>	24 Average monthly cost of Elec. \$..... Gas. \$..... Other fuel. \$..... Water \$.....	25 Value of property \$..... No. of units..... 1st mtg. \$..... 2d mtg. \$.....	26 Mortgaged? Yes <input type="checkbox"/> No <input type="checkbox"/>	27 Regular payments required Hous. reg. \$..... Quar. reg. \$..... Semi-annual \$..... Annual \$.....	28 Pmts. include annual reduction of principal?	29 Do payments include real estate taxes?	30 Interest rate now chg'd?	31 Holder of first mortgage (or land contract) Bldg. & Lnd. Co. <input type="checkbox"/> Mtg. Co. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Com. Bk. <input type="checkbox"/> 2 HOLC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sav. Bk. <input type="checkbox"/> 3 Indiv. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Life Ins. <input type="checkbox"/> 4 Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
1	Dwelling unit No. within structure	Name of head Street and No. Apt. No. or location	Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Rent without furn. \$.....	Water \$.....	\$..... No. of units..... 1st mtg. \$..... 2d mtg. \$.....	Mortgaged? Yes <input type="checkbox"/> No <input type="checkbox"/>	Payment Mo. <input type="checkbox"/> Other reg. <input type="checkbox"/> \$..... Qu. <input type="checkbox"/> No <input type="checkbox"/> \$..... Semi-annual <input type="checkbox"/> 3 Amount of each pmt. \$..... An. <input type="checkbox"/> \$.....	Pmts. incl. princ.?	Pmts. incl. taxes?	Interest rate	Holder of Mtg.										
	Struct. No.	Population Line No. Block No.	Furn. in rent? Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Rent without furn. \$.....	Mo. cost Elec. \$..... Gas. \$..... Other fuel. \$..... Water \$.....	Value of property \$..... No. of units..... 1st mtg. \$..... 2d mtg. \$.....	Mortgaged? Yes <input type="checkbox"/> No <input type="checkbox"/>	Payment Mo. <input type="checkbox"/> Other reg. <input type="checkbox"/> \$..... Qu. <input type="checkbox"/> No <input type="checkbox"/> \$..... Semi-annual <input type="checkbox"/> 3 Amount of each pmt. \$..... An. <input type="checkbox"/> \$.....	Pmts. incl. princ.?	Pmts. incl. taxes?	Interest rate	Holder of Mtg.										
2	Dwelling unit No.	Name of head Street and No. Apt. No. or location	Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Rent without furn. \$.....	Water \$.....	\$..... No. of units..... 1st mtg. \$..... 2d mtg. \$.....	Mortgaged? Yes <input type="checkbox"/> No <input type="checkbox"/>	Payment Mo. <input type="checkbox"/> Other reg. <input type="checkbox"/> \$..... Qu. <input type="checkbox"/> No <input type="checkbox"/> \$..... Semi-annual <input type="checkbox"/> 3 Amount of each pmt. \$..... An. <input type="checkbox"/> \$.....	Pmts. incl. princ.?	Pmts. incl. taxes?	Interest rate	Holder of Mtg.										
	Struct. No.	Population Line No. Block No.	Furn. in rent? Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Rent without furn. \$.....	Mo. cost Elec. \$..... Gas. \$..... Other fuel. \$..... Water \$.....	Value of property \$..... No. of units..... 1st mtg. \$..... 2d mtg. \$.....	Mortgaged? Yes <input type="checkbox"/> No <input type="checkbox"/>	Payment Mo. <input type="checkbox"/> Other reg. <input type="checkbox"/> \$..... Qu. <input type="checkbox"/> No <input type="checkbox"/> \$..... Semi-annual <input type="checkbox"/> 3 Amount of each pmt. \$..... An. <input type="checkbox"/> \$.....	Pmts. incl. princ.?	Pmts. incl. taxes?	Interest rate	Holder of Mtg.										
3	Dwelling unit No.	Name of head Street and No. Apt. No. or location	Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Rent without furn. \$.....	Water \$.....	\$..... No. of units..... 1st mtg. \$..... 2d mtg. \$.....	Mortgaged? Yes <input type="checkbox"/> No <input type="checkbox"/>	Payment Mo. <input type="checkbox"/> Other reg. <input type="checkbox"/> \$..... Qu. <input type="checkbox"/> No <input type="checkbox"/> \$..... Semi-annual <input type="checkbox"/> 3 Amount of each pmt. \$..... An. <input type="checkbox"/> \$.....	Pmts. incl. princ.?	Pmts. incl. taxes?	Interest rate	Holder of Mtg.										
	Struct. No.	Population Line No. Block No.	Furn. in rent? Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Rent without furn. \$.....	Mo. cost Elec. \$..... Gas. \$..... Other fuel. \$..... Water \$.....	Value of property \$..... No. of units..... 1st mtg. \$..... 2d mtg. \$.....	Mortgaged? Yes <input type="checkbox"/> No <input type="checkbox"/>	Payment Mo. <input type="checkbox"/> Other reg. <input type="checkbox"/> \$..... Qu. <input type="checkbox"/> No <input type="checkbox"/> \$..... Semi-annual <input type="checkbox"/> 3 Amount of each pmt. \$..... An. <input type="checkbox"/> \$.....	Pmts. incl. princ.?	Pmts. incl. taxes?	Interest rate	Holder of Mtg.										
4	Dwelling unit No.	Name of head Street and No. Apt. No. or location	Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Rent without furn. \$.....	Water \$.....	\$..... No. of units..... 1st mtg. \$..... 2d mtg. \$.....	Mortgaged? Yes <input type="checkbox"/> No <input type="checkbox"/>	Payment Mo. <input type="checkbox"/> Other reg. <input type="checkbox"/> \$..... Qu. <input type="checkbox"/> No <input type="checkbox"/> \$..... Semi-annual <input type="checkbox"/> 3 Amount of each pmt. \$..... An. <input type="checkbox"/> \$.....	Pmts. incl. princ.?	Pmts. incl. taxes?	Interest rate	Holder of Mtg.										
	Struct. No.	Population Line No. Block No.	Furn. in rent? Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Rent without furn. \$.....	Mo. cost Elec. \$..... Gas. \$..... Other fuel. \$..... Water \$.....	Value of property \$..... No. of units..... 1st mtg. \$..... 2d mtg. \$.....	Mortgaged? Yes <input type="checkbox"/> No <input type="checkbox"/>	Payment Mo. <input type="checkbox"/> Other reg. <input type="checkbox"/> \$..... Qu. <input type="checkbox"/> No <input type="checkbox"/> \$..... Semi-annual <input type="checkbox"/> 3 Amount of each pmt. \$..... An. <input type="checkbox"/> \$.....	Pmts. incl. princ.?	Pmts. incl. taxes?	Interest rate	Holder of Mtg.										
5	Dwelling unit No.	Name of head Street and No. Apt. No. or location	Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Rent without furn. \$.....	Water \$.....	\$..... No. of units..... 1st mtg. \$..... 2d mtg. \$.....	Mortgaged? Yes <input type="checkbox"/> No <input type="checkbox"/>	Payment Mo. <input type="checkbox"/> Other reg. <input type="checkbox"/> \$..... Qu. <input type="checkbox"/> No <input type="checkbox"/> \$..... Semi-annual <input type="checkbox"/> 3 Amount of each pmt. \$..... An. <input type="checkbox"/> \$.....	Pmts. incl. princ.?	Pmts. incl. taxes?	Interest rate	Holder of Mtg.										
	Struct. No.	Population Line No. Block No.	Furn. in rent? Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Rent without furn. \$.....	Mo. cost Elec. \$..... Gas. \$..... Other fuel. \$..... Water \$.....	Value of property \$..... No. of units..... 1st mtg. \$..... 2d mtg. \$.....	Mortgaged? Yes <input type="checkbox"/> No <input type="checkbox"/>	Payment Mo. <input type="checkbox"/> Other reg. <input type="checkbox"/> \$..... Qu. <input type="checkbox"/> No <input type="checkbox"/> \$..... Semi-annual <input type="checkbox"/> 3 Amount of each pmt. \$..... An. <input type="checkbox"/> \$.....	Pmts. incl. princ.?	Pmts. incl. taxes?	Interest rate	Holder of Mtg.										
6	Dwelling unit No.	Name of head Street and No. Apt. No. or location	Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Rent without furn. \$.....	Water \$.....	\$..... No. of units..... 1st mtg. \$..... 2d mtg. \$.....	Mortgaged? Yes <input type="checkbox"/> No <input type="checkbox"/>	Payment Mo. <input type="checkbox"/> Other reg. <input type="checkbox"/> \$..... Qu. <input type="checkbox"/> No <input type="checkbox"/> \$..... Semi-annual <input type="checkbox"/> 3 Amount of each pmt. \$..... An. <input type="checkbox"/> \$.....	Pmts. incl. princ.?	Pmts. incl. taxes?	Interest rate	Holder of Mtg.										
	Struct. No.	Population Line No. Block No.	Furn. in rent? Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Rent without furn. \$.....	Mo. cost Elec. \$..... Gas. \$..... Other fuel. \$..... Water \$.....	Value of property \$..... No. of units..... 1st mtg. \$..... 2d mtg. \$.....	Mortgaged? Yes <input type="checkbox"/> No <input type="checkbox"/>	Payment Mo. <input type="checkbox"/> Other reg. <input type="checkbox"/> \$..... Qu. <input type="checkbox"/> No <input type="checkbox"/> \$..... Semi-annual <input type="checkbox"/> 3 Amount of each pmt. \$..... 														

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★ ★ ★ ★ ★ ★ ★

SPECIMEN

- ➔ Please complete this form, as follows:
 - First, fill the listing of persons and the information required for each of them on this page.
 - Second, fill the questions about your dwelling on pages 2 and 3.
 - Third, write the name of the head of this household at the top of page 4, and fill the questions for him on pages 4 and 5. Then, do the same for each person (including each child) you have listed on page 1, using pages 6 and 7, 8 and 9, etc.
- ➔ Please tear out and study the enclosed example (on the white sheet) before you start to fill the inside pages of this form.
- ➔ Never skip a question just because it does not seem to apply. For instance, an answer of "No" to the question, "Did this person work at any time last week?" is just as important as an answer of "Yes." Whenever you do not know the exact answer (such as the cost of utilities or the amount of wages last year) make a reasonable estimate. After you complete the form, please check it over to make sure you have not missed anything.
- ➔ Please mail the completed form within 3 days in the special envelope. No postage is required.

[illegible]

Budget Bureau No. 41-59107.
Approval expires 12-31-60.

Item 2: 1960 Census Questionnaire (Continued)

PLEASE NOTE: The term "house" or "apartment" covers your **house** or **part of the house** you occupy, or the **apartment, flat, or rooms** in which you live. Most of these questions refer to your own house or apartment **but note** that questions H20, H32, and H33 are about the **whole building** in which you live. Questions H17 and H18 refer to the **whole place** on which you live; if your house is on land which is only part of a larger property, answer questions H17 and H18 about the **whole place**.

H17 and H18. Is this house:

On a city lot
(or is this an apartment building)? ☐

OR

On a place of
less than 10 acres? ☐

→ Last year (1959), did sales
of crops, livestock, and
other farm products from
this place amount to \$250
or more?

\$250 or more ☐

Less than
\$250 or none ☐

OR

On a place of
10 or more acres? ☐

→ Last year (1959), did sales
of crops, livestock, and
other farm products from
this place amount to \$50
or more?

\$50 or more ☐

Less than
\$50 or none ☐

H19. How many bedrooms are in your house or apartment?

Count rooms whose main use is as bedrooms even if they are occasionally used for other purposes.

If you live in a one-room apartment without a separate bedroom, check "No bedroom."

No bedroom ☐

1 bedroom ☐

2 bedrooms ☐

3 bedrooms ☐

4 bedrooms or more ☐

H20. About when was this house originally built?

In 1959 or 1960 ☐

1955 to 1958 ☐

1950 to 1954 ☐

1940 to 1949 ☐

1930 to 1939 ☐

1929 or earlier ☐

H21. How is your house or apartment heated?

Check **ONLY** the kind of heat you use the most.

Heated by:

Steam or hot water ☐

Warm air furnace with individual room registers ☐

Floor, wall, or pipeless furnace ☐

Built-in electric units ☐

Room heater(s) connected to chimney or flue ☐

Room heater(s) **not** connected to chimney or flue ☐

Other method—Write in:

.....

.....

Not heated ☐

H22. Here is a list of fuels. In the first column, check which one is used most for **heating**. In the second column, check the one used most for **cooking**. In the third column, check the fuel used most for **heating water**.

(Check one in each column)

List of fuels	A House heating fuel	B Cooking fuel	C Water heating fuel
Coal or coke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility gas from underground pipes serving the neighbor- hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bottled, tank, or LP gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel oil, kerosene, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No fuel used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H23. Do you have a clothes washing machine?

Do **not** count machines shared with any other household in this building.

Machine with wringer or separate spinner ☐

Automatic or semi-automatic machine ☐

Washer-dryer combination (single unit) ☐

No washing machine ☐

H24. Do you have an electric or gas clothes dryer?

Do **not** count dryers shared with any other household in this building.

Electrically heated dryer ☐

Gas heated dryer ☐

No dryer ☐

H25. Do you have any television sets?

Count only sets in working order. Count floor, table, and portable television sets as well as combinations.

1 set ☐

2 sets or more ☐

No television sets ☐

H26. Do you have any radios?

Count only sets in working order. Count floor, table, and portable radios as well as radio combinations. Do **not** count automobile radios.

1 radio ☐

2 radios or more ☐

No radios ☐

H27. Do you have any air conditioning?

Count only equipment which cools the air by refrigeration.

Room unit—1 only ☐

Room units—2 or more ☐

Central air conditioning system ☐

No air conditioning ☐

H28. Do you have a home food freezer which is separate from your refrigerator?

Yes ☐

No ☐

Item 2: 1960 Census Questionnaire (Continued)

H30. How many bathrooms are in your house or apartment?
A complete bathroom has both flush toilet and bathing facilities (bathtub or shower).
A partial bathroom has a flush toilet or bathing facilities, but not both.

No bathroom, or only a partial bathroom ☐

1 complete bathroom ☐

1 complete bathroom, plus partial bathroom(s) ☐

2 or more complete bathrooms ☐

H31. Do you get water from:

a public system (or private company)? ☐

an individual well? ☐

some other source? ☐

H32. Is this house connected to a public sewer?

Yes, connected to a public sewer ☐

No, has septic tank or cesspool ☐

No, has other means of sewage disposal ☐

H33. Is this house built:

with a basement? ☐

on a concrete slab? ☐

in another way? ☐

H34. Does this building have:

3 stories or less? ☐

4 stories or more—
with elevator? ☐

walk-up? ☐

H35. Is there a telephone on which people who live here can be called?

Yes ☐ → What is the telephone number?

No ☐

H36. How many passenger automobiles are owned or regularly used by people who live here? Count company cars kept at home.

No automobile ☐

1 automobile ☐

2 automobiles ☐

3 automobiles or more ☐

H37. If you live in a trailer, is it:
mobile (on wheels, or can easily be put on wheels)? ☐

on a permanent foundation? ☐

ANSWER H40 IF YOU OWN OR ARE BUYING THIS HOME

H40. About how much do you think this property would sell for on today's market?

Less than \$5,000 ☐

\$5,000 to \$7,400 ☐

\$7,500 to \$9,900 ☐

\$10,000 to \$12,400 ☐

\$12,500 to \$14,900 ☐

\$15,000 to \$17,400 ☐

\$17,500 to \$19,900 ☐

\$20,000 to \$24,900 ☐

\$25,000 to \$34,900 ☐

\$35,000 or more ☐

Do **not** answer if your home is on a place of 10 or more acres.

ANSWER QUESTIONS H41 TO H46 IF YOU PAY RENT FOR YOUR HOUSE, APARTMENT, OR FLAT

H41. If you pay your rent by the month—

What is your monthly rent? \$.00
(Nearest dollar)

OR

If you pay your rent by the week or some other period of time—

What is your rent and what period does it cover?

\$.00 per (Week, year, etc.)
(Nearest dollar)

H42. Does your rent include any land used for farming (or ranching)?

Yes ☐ No ☐

H43 and H44. In addition to rent, do you also pay for:

Electricity? (Check one box)

Yes ☐ → What is the average monthly cost for electricity? \$.00
(See instructions below)

No ☐

Gas? (Check one box)

Yes ☐ → What is the average monthly cost for gas? \$.00
(See instructions below)

No ☐

Water? (Check one box)

Yes ☐ → What is the average monthly cost for water? \$.00
(See instructions below)

No ☐

H45 and H46. In addition to rent, do you also pay for oil, coal, kerosene, or wood?

Yes ☐ → About how much do you pay for such fuel per year? \$.00
(See instructions below)

No ☐

HOW TO FIGURE COST OF UTILITIES AND FUEL

Enter the cost to the nearest dollar

Utilities
If you don't know exactly how much you have spent and if you don't have records, put down the approximate costs.

Fuels
If you don't know how much fuels cost per year, one of the following methods may help you figure the approximate costs:

Fuel used	Method
Coal	Multiply number of tons used per year by the cost per ton.
Oil or kerosene	Multiply number of gallons used per year by the cost per gallon; OR multiply number of deliveries by average cost per delivery.
Wood	Multiply number of cords (or loads) used per year by cost per cord (or load).

NOTE: If you buy fuel in small quantities (such as kerosene by the can or coal by the bag), it may be easier to figure about how much you spend for fuel per week, and multiply by the number of weeks during which it is used.

AFTER YOU FINISH THE HOUSING QUESTIONS—

- FILL PAGES 4 AND 5 FOR THE HEAD OF THIS HOUSEHOLD.
- THEN FILL PAGES 6 AND 7 FOR THE SECOND PERSON IN THIS HOUSEHOLD, PAGES 8 AND 9 FOR THE THIRD, ETC. CONTINUE IN THIS MANNER FOR EACH PERSON LISTED ON PAGE 1.

Page 3

Item 2: 1960 Census Questionnaire (Continued)

P2. Name of this person		QUESTIONS FOR										
(Last name)	(First name)	(Middle initial)										
<p>P8. Where was this person born? <i>(If born in hospital, give residence of mother, not location of hospital)</i></p> <p>If born in the United States, write name of State. If born outside the United States, write name of country, U.S. possession, etc. Use international boundaries as now recognized by the U.S. Distinguish Northern Ireland from Ireland (Eire).</p> <p>..... (State, foreign country, U.S. possession, etc.)</p>		<p>P14. What is the highest grade (or year) of regular school this person has ever attended? (Check one box)</p> <p>If now attending a regular school or college, check the grade (or year) he is in. If it is in junior high school, check the box that stands for that grade (or year).</p> <p>Never attended school <input type="checkbox"/></p> <p>Kindergarten <input type="checkbox"/></p> <p>Elementary school (Grade) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8</p> <p>High school (Year) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p>College (Year) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 or more</p>										
<p>P9. If this person was born outside the U.S.— What language was spoken in his home before he came to the United States?</p> <p>.....</p>		<p>P15. Did he finish the highest grade (or year) he attended?</p> <p>Finished this grade <input type="checkbox"/> Did not finish this grade <input type="checkbox"/> Never attended school <input type="checkbox"/></p>										
<p>P10. What country was his father born in?</p> <p>United States <input type="checkbox"/> OR (Name of foreign country; or Puerto Rico, Guam, etc.)</p>		<p>P16. Has he attended regular school or college at any time since February 1, 1960?</p> <p>If he has attended only nursery school, business or trade school, or adult education classes, check "No".</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>										
<p>P11. What country was his mother born in?</p> <p>United States <input type="checkbox"/> OR (Name of foreign country; or Puerto Rico, Guam, etc.)</p>		<p>P17. Is it a public school or a private school?</p> <p>Public school <input type="checkbox"/></p> <p>Private or parochial school <input type="checkbox"/></p>										
<p>P12. When did this person move into this house (or apartment)? <i>(Check date of last move)</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">In 1959 or 1960 <input type="checkbox"/></td> <td style="width: 50%;">Jan. 1954 to March 1955 <input type="checkbox"/></td> </tr> <tr> <td>In 1958 <input type="checkbox"/></td> <td>1950 to 1953 <input type="checkbox"/></td> </tr> <tr> <td>In 1957 <input type="checkbox"/></td> <td>1940 to 1949 <input type="checkbox"/></td> </tr> <tr> <td>April 1955 to Dec. 1956 <input type="checkbox"/></td> <td>1939 or earlier <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Always lived here <input type="checkbox"/></td> </tr> </table>		In 1959 or 1960 <input type="checkbox"/>	Jan. 1954 to March 1955 <input type="checkbox"/>	In 1958 <input type="checkbox"/>	1950 to 1953 <input type="checkbox"/>	In 1957 <input type="checkbox"/>	1940 to 1949 <input type="checkbox"/>	April 1955 to Dec. 1956 <input type="checkbox"/>	1939 or earlier <input type="checkbox"/>		Always lived here <input type="checkbox"/>	<p>P18. If this person has ever been married— Has this person been married more than once?</p> <p>Once <input type="checkbox"/> More than once <input type="checkbox"/></p>
In 1959 or 1960 <input type="checkbox"/>	Jan. 1954 to March 1955 <input type="checkbox"/>											
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	Always lived here <input type="checkbox"/>											
<p>P13. Did he live in this house on April 1, 1955? <i>(Answer 1, 2, or 3)</i></p> <p>1. Born April 1955 or later <input type="checkbox"/></p> <p>OR</p> <p>2. Yes, this house <input type="checkbox"/></p> <p>OR</p> <p>3. No, different house <input type="checkbox"/></p> <p style="margin-left: 40px;">Where did he live on April 1, 1955?</p> <p>a. City or town</p> <p>b. If city or town—Did he live inside the city limits?— { Yes <input type="checkbox"/> No <input type="checkbox"/> }</p> <p>c. County AND State, foreign country, U.S. possession, etc.</p>		<p>P19. When did he get married?</p> <p>Month Year</p> <p>When did he get married for the first time?</p> <p>Month Year</p>										
<p>P20. If this is a woman who has ever been married— How many babies has she ever had, not counting stillbirths? Do not count her stepchildren or adopted children.</p> <p>..... OR None <input type="checkbox"/> (Number)</p>		<p>P21. Was this person:</p> <p>Born before April 1946 <input type="checkbox"/> OR Born April 1946 or later <input type="checkbox"/></p> <p style="margin-left: 40px;">Please go on with questions P22 to P35. Answer the questions regardless of whether the person is a housewife, student, or retired person, or a part-time or full-time worker.</p> <p style="margin-left: 40px;">Please omit questions P22 to P35 and turn the page to the next person.</p>										
<p>Space for any notes about the entries for this person</p> <p>.....</p> <p>.....</p> <p>.....</p>												

Item 2: 1960 Census Questionnaire (Continued)

THIS PERSON																																																																		
<p>P22. Did this person work at any time last week? Include part-time work such as a Saturday job, delivering papers, or helping without pay in a family business or farm. Do not count own housework.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>P23. How many hours did he work <u>last week</u> (at all jobs)? (If exact figure not known, give best estimate)</p> <table style="width: 100%;"> <tr> <td>1 to 14 hours <input type="checkbox"/></td> <td>40 hours <input type="checkbox"/></td> </tr> <tr> <td>15 to 29 hours <input type="checkbox"/></td> <td>41 to 48 hours <input type="checkbox"/></td> </tr> <tr> <td>30 to 34 hours <input type="checkbox"/></td> <td>49 to 59 hours <input type="checkbox"/></td> </tr> <tr> <td>35 to 39 hours <input type="checkbox"/></td> <td>60 hours or more <input type="checkbox"/></td> </tr> </table> <p>P24. Was this person looking for work, or on layoff from a job?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>P25. Does he have a job or business from which he was temporarily absent all last week because of illness, vacation, or other reasons?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>P26. When did he <u>last</u> work at all, even for a few days? (Check one box)</p> <table style="width: 100%;"> <tr> <td>Working now <input type="checkbox"/></td> <td>1949 or earlier <input type="checkbox"/></td> </tr> <tr> <td>In 1960 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>In 1959 <input type="checkbox"/></td> <td>Never worked <input type="checkbox"/></td> </tr> <tr> <td>1955 to 1958 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>1950 to 1954 <input type="checkbox"/></td> <td></td> </tr> </table> <p>P27. Occupation (Answer 1, 2, or 3)</p> <p>1. This person last worked in 1949 or earlier <input type="checkbox"/> } This person has never worked <input type="checkbox"/></p> <p>OR</p> <p>2. On active duty in the Armed Forces now <input type="checkbox"/></p> <p>OR</p> <p>3. Worked in 1950 or later <input type="checkbox"/> Answer a to e, below.</p> <p>Describe this person's job or business last week, if any, and write in name of employer. If this person had no job or business last week, give information for last job or business since 1950.</p> <p>a. For whom did he work?</p> <p>(Name of company, business, organization, or other employer)</p> <p>b. What kind of business or industry was this?</p> <p>Describe activity at location where employed.</p> <p>(For example: County junior high school, auto assembly plant, TV and radio service, retail supermarket, road construction, farm)</p> <p>c. Is this primarily: (Check one box)</p> <table style="width: 100%;"> <tr> <td>Manufacturing <input type="checkbox"/></td> </tr> <tr> <td>Wholesale trade <input type="checkbox"/></td> </tr> <tr> <td>Retail trade <input type="checkbox"/></td> </tr> <tr> <td>Other (services, agriculture, government, construction, etc.) <input type="checkbox"/></td> </tr> </table> <p>d. What kind of work was he doing?</p> <p>(For example: 8th grade English teacher, paint sprayer, repairs TV sets, grocery checker, civil engineer, farmer, farm hand)</p> <p>e. Was this person: (Check one box)</p> <table style="width: 100%;"> <tr> <td>Employee of private company, business, or individual, for wages, salary, or commissions <input type="checkbox"/></td> </tr> <tr> <td>Government employee (Federal, State, county, or local) <input type="checkbox"/></td> </tr> <tr> <td>Self-employed in own business, professional practice, or farm <input type="checkbox"/></td> </tr> <tr> <td>Working without pay in a family business or farm <input type="checkbox"/></td> </tr> </table>	1 to 14 hours <input type="checkbox"/>	40 hours <input type="checkbox"/>	15 to 29 hours <input type="checkbox"/>	41 to 48 hours <input type="checkbox"/>	30 to 34 hours <input type="checkbox"/>	49 to 59 hours <input type="checkbox"/>	35 to 39 hours <input type="checkbox"/>	60 hours or more <input type="checkbox"/>	Working now <input type="checkbox"/>	1949 or earlier <input type="checkbox"/>	In 1960 <input type="checkbox"/>		In 1959 <input type="checkbox"/>	Never worked <input type="checkbox"/>	1955 to 1958 <input type="checkbox"/>		1950 to 1954 <input type="checkbox"/>		Manufacturing <input type="checkbox"/>	Wholesale trade <input type="checkbox"/>	Retail trade <input type="checkbox"/>	Other (services, agriculture, government, construction, etc.) <input type="checkbox"/>	Employee of private company, business, or individual, for wages, salary, or commissions <input type="checkbox"/>	Government employee (Federal, State, county, or local) <input type="checkbox"/>	Self-employed in own business, professional practice, or farm <input type="checkbox"/>	Working without pay in a family business or farm <input type="checkbox"/>	<p>If this person worked last week, answer questions P28 and P29.</p> <p>P28. What city and county did he work in last week? If he worked in more than one city or county, give place where he worked most last week.</p> <p>a. City or town _____</p> <p>b. If city or town—Did he work inside the city limits? { Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c. County _____ State _____</p> <p>P29. How did he get to work last week? (Check one box for principal means used last week)</p> <table style="width: 100%;"> <tr> <td>Railroad <input type="checkbox"/></td> <td>Taxicab <input type="checkbox"/></td> <td>Walk only <input type="checkbox"/></td> </tr> <tr> <td>Subway or elevated <input type="checkbox"/></td> <td>Private auto or car pool <input type="checkbox"/></td> <td>Worked at home <input type="checkbox"/></td> </tr> <tr> <td>Bus or streetcar <input type="checkbox"/></td> <td colspan="2">Other means—Write in: _____</td> </tr> </table> <p>P30. Last year (1959), did this person work at all, even for a few days?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>P31. How many weeks did he work in 1959, either full-time or part-time? Count paid vacation, paid sick leave, and military service as weeks worked. (If exact figure not known, give best estimate)</p> <table style="width: 100%;"> <tr> <td>13 weeks or less <input type="checkbox"/></td> <td>40 to 47 weeks <input type="checkbox"/></td> </tr> <tr> <td>14 to 26 weeks <input type="checkbox"/></td> <td>48 to 49 weeks <input type="checkbox"/></td> </tr> <tr> <td>27 to 39 weeks <input type="checkbox"/></td> <td>50 to 52 weeks <input type="checkbox"/></td> </tr> </table> <p>P32. How much did this person earn in 1959 in wages, salary, commissions, or tips from all jobs? Before deductions for taxes, bonds, dues, or other items. (Enter amount or check "None." If exact figure not known, give best estimate.)</p> <p>\$ _____ .00 OR None <input type="checkbox"/> (Dollars only)</p> <p>P33. How much did he earn in 1959 in profits or fees from working in his own business, professional practice, partnership, or farm? Net income after business expenses. (Enter amount or check "None." If exact figure not known, give best estimate. If business or farm lost money, write "Loss" after amount.)</p> <p>\$ _____ .00 OR None <input type="checkbox"/> (Dollars only)</p> <p>P34. Last year (1959), did this person receive any income from:</p> <table style="width: 100%;"> <tr> <td>Social security</td> <td></td> </tr> <tr> <td>Pensions</td> <td></td> </tr> <tr> <td>Veteran's payments</td> <td></td> </tr> <tr> <td>Rent (minus expenses)</td> <td></td> </tr> <tr> <td>Interest or dividends</td> <td></td> </tr> <tr> <td>Unemployment insurance</td> <td></td> </tr> <tr> <td>Welfare payments</td> <td></td> </tr> <tr> <td>Any other source not already entered</td> <td></td> </tr> </table> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>What is the amount he received from these sources in 1959? (If exact figure not known, give best estimate)</p> <p>\$ _____ .00 (Dollars only)</p> <p>P35. If this is a man— Has he ever served in the Army, Navy, or other Armed Forces of the United States?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> (Check one box on each line)</p> <p>Was it during:</p> <table style="width: 100%;"> <tr> <td>Korean War (June 1950 to Jan. 1955) <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>World War II (Sept. 1940 to July 1947) <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>World War I (April 1917 to Nov. 1918) <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Any other time, including present service <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table>	Railroad <input type="checkbox"/>	Taxicab <input type="checkbox"/>	Walk only <input type="checkbox"/>	Subway or elevated <input type="checkbox"/>	Private auto or car pool <input type="checkbox"/>	Worked at home <input type="checkbox"/>	Bus or streetcar <input type="checkbox"/>	Other means—Write in: _____		13 weeks or less <input type="checkbox"/>	40 to 47 weeks <input type="checkbox"/>	14 to 26 weeks <input type="checkbox"/>	48 to 49 weeks <input type="checkbox"/>	27 to 39 weeks <input type="checkbox"/>	50 to 52 weeks <input type="checkbox"/>	Social security		Pensions		Veteran's payments		Rent (minus expenses)		Interest or dividends		Unemployment insurance		Welfare payments		Any other source not already entered		Korean War (June 1950 to Jan. 1955) <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	World War II (Sept. 1940 to July 1947) <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	World War I (April 1917 to Nov. 1918) <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Any other time, including present service <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Item 2: 1960 Census Questionnaire (Continued)

P2. Name of this person		QUESTIONS FOR										
(Last name)	(First name)	(Middle initial)										
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<p>P13. Did he live in this house on April 1, 1955? <i>(Answer 1, 2, or 3)</i></p> <p>1. Born April 1955 or later <input type="checkbox"/></p> <p>OR</p> <p>2. Yes, this house <input type="checkbox"/></p> <p>OR</p> <p>3. No, different house <input type="checkbox"/></p> <p style="margin-left: 40px;">Where did he live on April 1, 1955?</p> <p>a. City or town</p> <p>b. If city or town—Did he live inside the city limits? { Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c. County AND State, foreign country, U.S. possession, etc.</p>		<p>P19. When did he get married?</p> <p>Month Year</p> <p>When did he get married for the first time?</p> <p>Month Year</p>										
<p>P20. If this is a woman who has ever been married— How many babies has she ever had, not counting stillbirths? Do not count her stepchildren or adopted children.</p> <p>..... (Number) OR None <input type="checkbox"/></p>		<p>P21. Was this person:</p> <p>Born before April 1946 <input type="checkbox"/> OR Born April 1946 or later <input type="checkbox"/></p> <p style="margin-left: 40px;">Please go on with questions P22 to P35. Answer the questions regardless of whether the person is a housewife, student, or retired person, or a part-time or full-time worker.</p> <p style="margin-left: 40px;">Please omit questions P22 to P35 and turn the page to the next person.</p>										
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Item 2: 1960 Census Questionnaire (Continued)

THIS PERSON →

P22. Did this person work at any time last week?
Include part-time work such as a Saturday job, delivering papers, or helping without pay in a family business or farm. Do **not** count own housework.
Yes ☐ No ☐

P23. How many hours did he work last week (at all jobs)?
(If exact figure not known, give best estimate)
1 to 14 hours ☐ 40 hours ☐
15 to 29 hours ☐ 41 to 48 hours ☐
30 to 34 hours ☐ 49 to 59 hours ☐
35 to 39 hours ☐ 60 hours or more ☐

P24. Was this person looking for work, or on layoff from a job?
Yes ☐ No ☐

P25. Does he have a job or business from which he was temporarily absent all last week because of illness, vacation, or other reasons?
Yes ☐ No ☐

P26. When did he last work at all, even for a few days?
(Check one box)
Working now ☐ 1949 or earlier ☐
In 1960 ☐
In 1959 ☐ Never worked ☐
1955 to 1958 ☐
1950 to 1954 ☐

P27. Occupation (Answer 1, 2, or 3)
1. This person **last** worked in 1949 or earlier ☐
This person has never worked ☐
OR
2. On active duty in the Armed Forces now ☐
OR
3. Worked in 1950 or later ☐ Answer a to e, below.
Describe this person's job or business last week, if any, and write in name of employer. If this person had no job or business last week, give information for last job or business since 1950.
a. For whom did he work?
(Name of company, business, organization, or other employer)
b. What kind of business or industry was this?
Describe activity at location where employed.
(For example: County junior high school, auto assembly plant, TV and radio service, retail supermarket, road construction, farm)
c. Is this primarily: (Check one box)
Manufacturing ☐
Wholesale trade ☐
Retail trade ☐
Other (services, agriculture, government, construction, etc.) ☐
d. What kind of work was he doing?
(For example: 8th grade English teacher, paint sprayer, repairs TV sets, grocery checker, civil engineer, farmer, farm hand)
e. Was this person: (Check one box)
Employee of **private** company, business, or individual, for wages, salary, or commissions ☐
Government employee (Federal, State, county, or local) ☐
Self-employed in **own** business, professional practice, or farm ☐
Working **without pay** in a family business or farm ☐

If this person worked last week, answer questions P28 and P29.
P28. What city and county did he work in last week?
If he worked in more than one city or county, give place where he worked most last week.
a. City or town
b. If city or town—Did he work inside the city limits? { Yes ☐ No ☐ }
c. County State

P29. How did he get to work last week?
(Check one box for principal means used last week)
Railroad ☐ Taxicab ☐ Walk only ☐
Subway or elevated ☐ Private auto or car pool ☐ Worked at home ☐
Bus or streetcar ☐ Other means—Write in:

P30. Last year (1959), did this person work at all, even for a few days?
Yes ☐ No ☐

P31. How many weeks did he work in 1959, either full-time or part-time? Count paid vacation, paid sick leave, and military service as weeks worked.
(If exact figure not known, give best estimate)
13 weeks or less ☐ 40 to 47 weeks ☐
14 to 26 weeks ☐ 48 to 49 weeks ☐
27 to 39 weeks ☐ 50 to 52 weeks ☐

P32. How much did this person earn in 1959 in wages, salary, commissions, or tips from all jobs?
Before deductions for taxes, bonds, dues, or other items.
(Enter amount or check "None." If exact figure not known, give best estimate.)
\$.00 OR None ☐
(Dollars only)

P33. How much did he earn in 1959 in profits or fees from working in his own business, professional practice, partnership, or farm?
Net income after business expenses. (Enter amount or check "None." If exact figure not known, give best estimate. If business or farm lost money, write "Loss" after amount.)
\$.00 OR None ☐
(Dollars only)

P34. Last year (1959), did this person receive any income from:
Social security
Pensions
Veteran's payments
Rent (minus expenses)
Interest or dividends
Unemployment insurance
Welfare payments
Any other source not already entered
Yes ☐ No ☐
What is the amount he received from these sources in 1959? (If exact figure not known, give best estimate)
\$.00
(Dollars only)

P35. If this is a man—
Has he ever served in the Army, Navy, or other Armed Forces of the United States?
Yes ☐ No ☐ (Check one box on each line)
Was it during:
Korean War (June 1950 to Jan. 1955) ☐ Yes ☐ No ☐
World War II (Sept. 1940 to July 1947) ☐ Yes ☐ No ☐
World War I (April 1917 to Nov. 1918) ☐ Yes ☐ No ☐
Any other time, including present service ☐ Yes ☐ No ☐

Item 2: 1960 Census Questionnaire (Continued)

P2. Name of this person <small>(Last name) (First name) (Middle initial)</small>		QUESTIONS FOR										
<p>P8. Where was this person born? <i>(If born in hospital, give residence of mother, not location of hospital)</i></p> <p>If born in the United States, write name of State. If born outside the United States, write name of country, U.S. possession, etc. Use international boundaries as now recognized by the U.S. Distinguish Northern Ireland from Ireland (Eire).</p> <p>..... <small>(State, foreign country, U.S. possession, etc.)</small></p>	<p>P14. What is the highest grade (or year) of regular school this person has ever attended? (Check one box) If now attending a regular school or college, check the grade (or year) he is in. If it is in junior high school, check the box that stands for that grade (or year).</p> <p>Never attended school <input type="checkbox"/></p> <p>Kindergarten <input type="checkbox"/></p> <p>Elementary school (Grade) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8</p> <p>High school (Year) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p>College (Year) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 or more</p>											
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Item 2: 1960 Census Questionnaire (Continued)

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1. This person **last** worked in 1949 or earlier ☐
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a. For whom did he work?
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b. What kind of business or industry was this?
Describe activity at location where employed.
(For example: County junior high school, auto assembly plant, TV and radio service, retail supermarket, road construction, farm)
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If this person worked last week, answer questions P28 and P29.

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Has he ever served in the Army, Navy, or other Armed Forces of the United States? Yes ☐ No ☐ (Check one box on each line)
Was it during: Yes No
Korean War (June 1950 to Jan. 1955) ☐ ☐
World War II (Sept. 1940 to July 1947) ☐ ☐
World War I (April 1917 to Nov. 1918) ☐ ☐
Any other time, including present service ☐ ☐

Item 2: 1960 Census Questionnaire (Continued)

P2. Name of this person		QUESTIONS FOR																																				
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<p>P12. When did this person move into this house (or apartment)? <i>(Check date of last move)</i></p> <table style="width: 100%; border: none;"> <tr> <td>In 1959 or 1960 .. <input type="checkbox"/></td> <td>Jan. 1954 to March 1955 .. <input type="checkbox"/></td> </tr> <tr> <td>In 1958 .. <input type="checkbox"/></td> <td>1950 to 1953 .. <input type="checkbox"/></td> </tr> <tr> <td>In 1957 .. <input type="checkbox"/></td> <td>1940 to 1949 .. <input type="checkbox"/></td> </tr> <tr> <td>April 1955 to Dec. 1956 .. <input type="checkbox"/></td> <td>1939 or earlier .. <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Always lived here .. <input type="checkbox"/></td> </tr> </table>		In 1959 or 1960 .. <input type="checkbox"/>	Jan. 1954 to March 1955 .. <input type="checkbox"/>	In 1958 .. <input type="checkbox"/>	1950 to 1953 .. <input type="checkbox"/>	In 1957 .. <input type="checkbox"/>	1940 to 1949 .. <input type="checkbox"/>	April 1955 to Dec. 1956 .. <input type="checkbox"/>	1939 or earlier .. <input type="checkbox"/>		Always lived here .. <input type="checkbox"/>	<p>P18. If this person has ever been married — Has this person been married more than once?</p> <p>Once .. <input type="checkbox"/> More than once .. <input type="checkbox"/></p>																										
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<p>P13. Did he live in this house on April 1, 1955? <i>(Answer 1, 2, or 3)</i></p> <p>1. Born April 1955 or later .. <input type="checkbox"/> OR 2. Yes, this house .. <input type="checkbox"/> OR 3. No, different house .. <input type="checkbox"/></p> <p style="text-align: center;">Where did he live on April 1, 1955?</p> <p>a. City or town</p> <p>b. If city or town — Did he live inside the city limits? — Yes .. <input type="checkbox"/> No .. <input type="checkbox"/></p> <p>c. County AND State, foreign country, U.S. possession, etc.</p>		<p>P19. When did he get married?</p> <p>Month Year</p> <p>When did he get married for the first time?</p> <p>Month Year</p>																																				
<p>P20. If this is a woman who has ever been married — How many babies has she ever had, not counting stillbirths? Do not count her stepchildren or adopted children.</p> <p>..... OR None .. <input type="checkbox"/> (Number)</p>		<p>P21. Was this person:</p> <p>Born before April 1946 .. <input type="checkbox"/> OR .. Born April 1946 or later .. <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>Please go on with questions P22 to P35. Answer the questions regardless of whether the person is a housewife, student, or retired person, or a part-time or full-time worker.</p>																																				
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Item 2: 1960 Census Questionnaire (Continued)

THIS PERSON →

P22. Did this person work at any time last week?
Include part-time work such as a Saturday job, delivering papers, or helping without pay in a family business or farm. Do **not** count own housework.
Yes ☐ No ☐

P23. How many hours did he work last week (at all jobs)?
(If exact figure not known, give best estimate)
1 to 14 hours ☐ 40 hours ☐
15 to 29 hours ☐ 41 to 48 hours ☐
30 to 34 hours ☐ 49 to 59 hours ☐
35 to 39 hours ☐ 60 hours or more ☐

P24. Was this person looking for work, or on layoff from a job?
Yes ☐ No ☐

P25. Does he have a job or business from which he was temporarily absent all last week because of illness, vacation, or other reasons?
Yes ☐ No ☐

P26. When did he last work at all, even for a few days?
(Check one box)
Working now ☐ 1949 or earlier ☐
In 1960 ☐
In 1959 ☐ Never worked ☐
1955 to 1958 ☐
1950 to 1954 ☐

P27. Occupation (Answer 1, 2, or 3)
1. This person **last** worked in 1949 or earlier ☐
This person has never worked ☐
OR
2. On active duty in the Armed Forces now ☐
OR
3. Worked in 1950 or later ☐ Answer a to e, below.
Describe this person's job or business last week, if any, and write in name of employer. If this person had no job or business last week, give information for last job or business since 1950.
a. For whom did he work?
(Name of company, business, organization, or other employer)
b. What kind of business or industry was this?
Describe activity at location where employed.
(For example: County junior high school, auto assembly plant, TV and radio service, retail supermarket, road construction, farm)
c. Is this primarily: (Check one box)
Manufacturing ☐
Wholesale trade ☐
Retail trade ☐
Other (services, agriculture, government, construction, etc.) ☐
d. What kind of work was he doing?
(For example: 8th grade English teacher, paint sprayer, repairs TV sets, grocery checker, civil engineer, farmer, farm hand)
e. Was this person: (Check one box)
Employee of **private** company, business, or individual, for wages, salary, or commissions ☐
Government employee (Federal, State, county, or local) ☐
Self-employed in **own** business, professional practice, or farm ☐
Working **without pay** in a family business or farm ☐

If this person worked last week, answer questions P28 and P29.
P28. What city and county did he work in last week?
If he worked in more than one city or county, give place where he worked most last week.
a. City or town
b. If city or town—Did he work inside the city limits? { Yes ☐ No ☐ }
c. County State

P29. How did he get to work last week?
(Check one box for principal means used last week)
Railroad ☐ Taxicab ☐ Walk only ☐
Subway or elevated ☐ Private auto or car pool ☐ Worked at home ☐
Bus or streetcar ☐ Other means—Write in:

P30. Last year (1959), did this person work at all, even for a few days?
Yes ☐ No ☐

P31. How many weeks did he work in 1959, either full-time or part-time? Count paid vacation, paid sick leave, and military service as weeks worked.
(If exact figure not known, give best estimate)
13 weeks or less ☐ 40 to 47 weeks ☐
14 to 26 weeks ☐ 48 to 49 weeks ☐
27 to 39 weeks ☐ 50 to 52 weeks ☐

P32. How much did this person earn in 1959 in wages, salary, commissions, or tips from all jobs?
Before deductions for taxes, bonds, dues, or other items.
(Enter amount or check "None." If exact figure not known, give best estimate.)
\$.00 OR None ☐
(Dollars only)

P33. How much did he earn in 1959 in profits or fees from working in his own business, professional practice, partnership, or farm?
Net income after business expenses. (Enter amount or check "None." If exact figure not known, give best estimate. If business or farm lost money, write "Loss" after amount.)
\$.00 OR None ☐
(Dollars only)

P34. Last year (1959), did this person receive any income from:
Social security
Pensions
Veteran's payments
Rent (minus expenses)
Interest or dividends
Unemployment insurance
Welfare payments
Any other source not already entered
Yes ☐ No ☐
What is the amount he received from these sources in 1959? (If exact figure not known, give best estimate)
\$.00
(Dollars only)

P35. If this is a man—
Has he ever served in the Army, Navy, or other Armed Forces of the United States?
Yes ☐ No ☐ (Check one box on each line)
Was it during: Yes No
Korean War (June 1950 to Jan. 1955) ☐ ☐
World War II (Sept. 1940 to July 1947) ☐ ☐
World War I (April 1917 to Nov. 1918) ☐ ☐
Any other time, including present service ☐ ☐

Item 2: 1960 Census Questionnaire (Continued)

P2. Name of this person <small>(Last name) (First name) (Middle initial)</small>		QUESTIONS FOR
P8. Where was this person born? <i>(If born in hospital, give residence of mother, not location of hospital)</i> If born in the United States, write name of State. If born outside the United States, write name of country, U.S. possession, etc. Use international boundaries as now recognized by the U.S. Distinguish Northern Ireland from Ireland (Eire). <small>(State, foreign country, U.S. possession, etc.)</small>	P14. What is the highest grade (or year) of regular school this person has ever attended? (Check one box) If now attending a regular school or college, check the grade (or year) he is in. If it is in junior high school, check the box that stands for that grade (or year). Never attended school <input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary school (Grade) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 High school (Year) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 College (Year) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 or more	
P9. If this person was born outside the U.S.— What language was spoken in his home before he came to the United States? <small>(Language)</small>	P15. Did he finish the highest grade (or year) he attended? Finished this grade <input type="checkbox"/> Did not finish this grade <input type="checkbox"/> Never attended school <input type="checkbox"/>	
P10. What country was his father born in? United States <input type="checkbox"/> OR <input type="checkbox"/> <small>(Name of foreign country; or Puerto Rico, Guam, etc.)</small>	P16. Has he attended regular school or college at any time since February 1, 1960? If he has attended only nursery school, business or trade school, or adult education classes, check "No". Yes <input type="checkbox"/> No <input type="checkbox"/>	
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Item 2: 1960 Census Questionnaire (Continued)

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If this is a man—</p> <p>Has he ever served in the Army, Navy, or other Armed Forces of the United States?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> (Check one box on each line)</p> <p>Was it during:</p> <table style="width: 100%;"> <tr> <td>Korean War (June 1950 to Jan. 1955) <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>World War II (Sept. 1940 to July 1947) <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>World War I (April 1917 to Nov. 1918) <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Any other time, including present service <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table>	Railroad <input type="checkbox"/>	Taxicab <input type="checkbox"/>	Walk only <input type="checkbox"/>	Subway or elevated <input type="checkbox"/>	Private auto or car pool <input type="checkbox"/>	Worked at home <input type="checkbox"/>	Bus or streetcar <input type="checkbox"/>	Other means—Write in: <input type="text"/>		13 weeks or less <input type="checkbox"/>	40 to 47 weeks <input type="checkbox"/>	14 to 26 weeks <input type="checkbox"/>	48 to 49 weeks <input type="checkbox"/>	27 to 39 weeks <input type="checkbox"/>	50 to 52 weeks <input type="checkbox"/>	Social security		Pensions		Veteran's payments		Rent (minus expenses)		Interest or dividends		Unemployment insurance		Welfare payments		Any other source not already entered		Korean War (June 1950 to Jan. 1955) <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	World War II (Sept. 1940 to July 1947) <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	World War I (April 1917 to Nov. 1918) <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Any other time, including present service <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Item 2: 1960 Census Questionnaire (Continued)

P2. Name of this person <small>(Last name) (First name) (Middle initial)</small>		QUESTIONS FOR
P8. Where was this person born? <i>(If born in hospital, give residence of mother, not location of hospital)</i> If born in the United States, write name of State. If born outside the United States, write name of country, U.S. possession, etc. Use international boundaries as now recognized by the U.S. Distinguish Northern Ireland from Ireland (Eire). <small>(State, foreign country, U.S. possession, etc.)</small>	P14. What is the highest grade (or year) of regular school this person has ever attended? (Check one box) If now attending a regular school or college, check the grade (or year) he is in. If it is in junior high school, check the box that stands for that grade (or year). Never attended school <input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary school (Grade) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 High school (Year) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 College (Year) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 or more	
P9. If this person was born outside the U.S.— What language was spoken in his home before he came to the United States? 	P15. Did he finish the highest grade (or year) he attended? Finished this grade <input type="checkbox"/> Did not finish this grade <input type="checkbox"/> Never attended school <input type="checkbox"/>	
P10. What country was his father born in? United States <input type="checkbox"/> OR <small>(Name of foreign country, or Puerto Rico, Guam, etc.)</small>	P16. Has he attended regular school or college at any time since February 1, 1960? If he has attended only nursery school, business or trade school, or adult education classes, check "No". Yes <input type="checkbox"/> No <input type="checkbox"/>	
P11. What country was his mother born in? United States <input type="checkbox"/> OR <small>(Name of foreign country, or Puerto Rico, Guam, etc.)</small>	P17. Is it a public school or a private school? Public school <input type="checkbox"/> Private or parochial school <input type="checkbox"/>	
P12. When did this person move into this house (or apartment)? <i>(Check date of last move)</i> In 1959 or 1960 <input type="checkbox"/> Jan. 1954 to March 1955 <input type="checkbox"/> In 1958 <input type="checkbox"/> 1950 to 1953 <input type="checkbox"/> In 1957 <input type="checkbox"/> 1940 to 1949 <input type="checkbox"/> April 1955 to Dec. 1956 <input type="checkbox"/> 1939 or earlier <input type="checkbox"/> Always lived here <input type="checkbox"/>	P18. If this person has ever been married— Has this person been married more than once? Once <input type="checkbox"/> More than once <input type="checkbox"/>	
P13. Did he live in this house on April 1, 1955? <i>(Answer 1, 2, or 3)</i> 1. Born April 1955 or later <input type="checkbox"/> OR 2. Yes, this house <input type="checkbox"/> OR 3. No, different house <input type="checkbox"/> Where did he live on April 1, 1955? a. City or town b. If city or town—Did he live inside the city limits?— { Yes <input type="checkbox"/> No <input type="checkbox"/> c. County AND State, foreign country, U.S. possession, etc.	P19. When did he get married? When did he get married for the first time? Month Month Year Year	
P20. If this is a woman who has ever been married— How many babies has she ever had, not counting stillbirths? Do not count her stepchildren or adopted children. OR None <input type="checkbox"/> <small>(Number)</small>		
P21. Was this person: Born before April 1946 <input type="checkbox"/> OR Born April 1946 or later <input type="checkbox"/> Please go on with questions P22 to P35. Answer the questions regardless of whether the person is a housewife, student, or retired person, or a part-time or full-time worker. Please omit questions P22 to P35 and turn the page to the next person.		
Space for any notes about the entries for this person 		

Item 2: 1960 Census Questionnaire (Continued)

THIS PERSON																																																																						
<p>P22. Did this person work at any time last week? Include part-time work such as a Saturday job, delivering papers, or helping without pay in a family business or farm. Do not count own housework.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>P23. How many hours did he work last week (at all jobs)? (If exact figure not known, give best estimate)</p> <table style="width: 100%;"> <tr> <td>1 to 14 hours <input type="checkbox"/></td> <td>40 hours <input type="checkbox"/></td> </tr> <tr> <td>15 to 29 hours <input type="checkbox"/></td> <td>41 to 48 hours <input type="checkbox"/></td> </tr> <tr> <td>30 to 34 hours <input type="checkbox"/></td> <td>49 to 59 hours <input type="checkbox"/></td> </tr> <tr> <td>35 to 39 hours <input type="checkbox"/></td> <td>60 hours or more <input type="checkbox"/></td> </tr> </table> <p>P24. Was this person looking for work, or on layoff from a job?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>P25. Does he have a job or business from which he was temporarily absent all last week because of illness, vacation, or other reasons?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>P26. When did he last work at all, even for a few days? (Check one box)</p> <table style="width: 100%;"> <tr> <td>Working now <input type="checkbox"/></td> <td>1949 or earlier <input type="checkbox"/></td> </tr> <tr> <td>In 1960 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>In 1959 <input type="checkbox"/></td> <td>Never worked <input type="checkbox"/></td> </tr> <tr> <td>1955 to 1958 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>1950 to 1954 <input type="checkbox"/></td> <td></td> </tr> </table> <p>P27. Occupation (Answer 1, 2, or 3)</p> <p>1. This person last worked in 1949 or earlier <input type="checkbox"/> } This person has never worked <input type="checkbox"/></p> <p>OR</p> <p>2. On active duty in the Armed Forces now <input type="checkbox"/></p> <p>OR</p> <p>3. Worked in 1950 or later <input type="checkbox"/> Answer a to e, below.</p> <p>Describe this person's job or business last week, if any, and write in name of employer. If this person had no job or business last week, give information for last job or business since 1950.</p> <p>a. For whom did he work?</p> <p>..... (Name of company, business, organization, or other employer)</p> <p>b. What kind of business or industry was this?</p> <p>Describe activity at location where employed.</p> <p>..... (For example: County junior high school, auto assembly plant, TV and radio service, retail supermarket, road construction, farm)</p> <p>c. Is this primarily: (Check one box)</p> <table style="width: 100%;"> <tr> <td>Manufacturing <input type="checkbox"/></td> </tr> <tr> <td>Wholesale trade <input type="checkbox"/></td> </tr> <tr> <td>Retail trade <input type="checkbox"/></td> </tr> <tr> <td>Other (services, agriculture, government, construction, etc.) <input type="checkbox"/></td> </tr> </table> <p>d. What kind of work was he doing?</p> <p>..... (For example: 8th grade English teacher, paint sprayer, repairs TV sets, grocery checker, civil engineer, farmer, farm hand)</p> <p>e. Was this person: (Check one box)</p> <table style="width: 100%;"> <tr> <td>Employee of private company, business, or individual, for wages, salary, or commissions <input type="checkbox"/></td> </tr> <tr> <td>Government employee (Federal, State, county, or local) <input type="checkbox"/></td> </tr> <tr> <td>Self-employed in own business, professional practice, or farm <input type="checkbox"/></td> </tr> <tr> <td>Working without pay in a family business or farm <input type="checkbox"/></td> </tr> </table>	1 to 14 hours <input type="checkbox"/>	40 hours <input type="checkbox"/>	15 to 29 hours <input type="checkbox"/>	41 to 48 hours <input type="checkbox"/>	30 to 34 hours <input type="checkbox"/>	49 to 59 hours <input type="checkbox"/>	35 to 39 hours <input type="checkbox"/>	60 hours or more <input type="checkbox"/>	Working now <input type="checkbox"/>	1949 or earlier <input type="checkbox"/>	In 1960 <input type="checkbox"/>		In 1959 <input type="checkbox"/>	Never worked <input type="checkbox"/>	1955 to 1958 <input type="checkbox"/>		1950 to 1954 <input type="checkbox"/>		Manufacturing <input type="checkbox"/>	Wholesale trade <input type="checkbox"/>	Retail trade <input type="checkbox"/>	Other (services, agriculture, government, construction, etc.) <input type="checkbox"/>	Employee of private company, business, or individual, for wages, salary, or commissions <input type="checkbox"/>	Government employee (Federal, State, county, or local) <input type="checkbox"/>	Self-employed in own business, professional practice, or farm <input type="checkbox"/>	Working without pay in a family business or farm <input type="checkbox"/>	<p>If this person worked last week, answer questions P28 and P29.</p> <p>P28. What city and county did he work in last week? If he worked in more than one city or county, give place where he worked most last week.</p> <p>a. City or town</p> <p>b. If city or town—Did he work inside the city limits? { Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c. County State</p> <p>P29. How did he get to work last week? (Check one box for principal means used last week)</p> <table style="width: 100%;"> <tr> <td>Railroad <input type="checkbox"/></td> <td>Taxicab <input type="checkbox"/></td> <td>Walk only <input type="checkbox"/></td> </tr> <tr> <td>Subway or elevated <input type="checkbox"/></td> <td>Private auto or car pool <input type="checkbox"/></td> <td>Worked at home <input type="checkbox"/></td> </tr> <tr> <td>Bus or streetcar <input type="checkbox"/></td> <td colspan="2">Other means—Write in:</td> </tr> </table> <p>P30. Last year (1959), did this person work at all, even for a few days?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>P31. How many weeks did he work in 1959, either full-time or part-time? Count paid vacation, paid sick leave, and military service as weeks worked. (If exact figure not known, give best estimate)</p> <table style="width: 100%;"> <tr> <td>13 weeks or less <input type="checkbox"/></td> <td>40 to 47 weeks <input type="checkbox"/></td> </tr> <tr> <td>14 to 26 weeks <input type="checkbox"/></td> <td>48 to 49 weeks <input type="checkbox"/></td> </tr> <tr> <td>27 to 39 weeks <input type="checkbox"/></td> <td>50 to 52 weeks <input type="checkbox"/></td> </tr> </table> <p>P32. How much did this person earn in 1959 in wages, salary, commissions, or tips from all jobs? Before deductions for taxes, bonds, dues, or other items. (Enter amount or check "None." If exact figure not known, give best estimate.)</p> <p>\$00 OR None <input type="checkbox"/> (Dollars only)</p> <p>P33. How much did he earn in 1959 in profits or fees from working in his own business, professional practice, partnership, or farm? Net income after business expenses. (Enter amount or check "None." If exact figure not known, give best estimate. If business or farm lost money, write "Loss" after amount.)</p> <p>\$00 OR None <input type="checkbox"/> (Dollars only)</p> <p>P34. Last year (1959), did this person receive any income from:</p> <table style="width: 100%;"> <tr> <td>Social security</td> <td></td> </tr> <tr> <td>Pensions</td> <td></td> </tr> <tr> <td>Veteran's payments</td> <td></td> </tr> <tr> <td>Rent (minus expenses)</td> <td></td> </tr> <tr> <td>Interest or dividends</td> <td></td> </tr> <tr> <td>Unemployment insurance</td> <td></td> </tr> <tr> <td>Welfare payments</td> <td></td> </tr> <tr> <td>Any other source not already entered</td> <td></td> </tr> </table> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>What is the amount he received from these sources in 1959? (If exact figure not known, give best estimate)</p> <p>\$00 (Dollars only)</p> <p>P35. If this is a man—</p> <p>Has he ever served in the Army, Navy, or other Armed Forces of the United States?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> (Check one box on each line)</p> <p>Was it during:</p> <table style="width: 100%;"> <tr> <td>Korean War (June 1950 to Jan. 1955) <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>World War II (Sept. 1940 to July 1947) <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>World War I (April 1917 to Nov. 1918) <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Any other time, including present service <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table>	Railroad <input type="checkbox"/>	Taxicab <input type="checkbox"/>	Walk only <input type="checkbox"/>	Subway or elevated <input type="checkbox"/>	Private auto or car pool <input type="checkbox"/>	Worked at home <input type="checkbox"/>	Bus or streetcar <input type="checkbox"/>	Other means—Write in:		13 weeks or less <input type="checkbox"/>	40 to 47 weeks <input type="checkbox"/>	14 to 26 weeks <input type="checkbox"/>	48 to 49 weeks <input type="checkbox"/>	27 to 39 weeks <input type="checkbox"/>	50 to 52 weeks <input type="checkbox"/>	Social security		Pensions		Veteran's payments		Rent (minus expenses)		Interest or dividends		Unemployment insurance		Welfare payments		Any other source not already entered		Korean War (June 1950 to Jan. 1955) <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	World War II (Sept. 1940 to July 1947) <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	World War I (April 1917 to Nov. 1918) <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any other time, including present service <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Item 2: 1960 Census Questionnaire (Continued)

CONFIDENTIAL—The Census is required by the United States Constitution and further authorized by 13 U.S.C. 5, 9, 141, 221-4. The law requires that the inquiries be answered completely and accurately, and guarantees that the information furnished will be accorded confidential treatment. The Census report cannot be used for purposes of taxation, investigation, or regulation.

PLEASE ANSWER THIS QUESTION
Name of person(s) who filled this form:
.....
.....
Date filled:

PLEASE BE SURE THAT—

- the listing of persons, and the information required for each of them, on page 1 has been filled.
- the housing questions on pages 2 and 3 have been filled.
- pages 4 and 5 have been filled for the head of the household.
- pages 6 and 7 have been filled for the second person listed on page 1, pages 8 and 9 for the third person, etc.

FOR CENSUS TAKER	E.D. No.	PH-1 or PH-2 Page No.
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U.S. GOVERNMENT PRINTING OFFICE : 1959 OF—532220

Page 16

www.census.gov/history/pdf/1960censusquestionnaire-2.pdf

Click on the link above to view the item online.

Item 3: 2010 Census Questionnaire

United States
**Census
2010**

This is the official form for all the people at this address.
It is quick and easy, and your answers are protected by law.

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

Use a blue or black pen.

Start here

The Census must count every person living in the United States on April 1, 2010.

Before you answer Question 1, count the people living in this house, apartment, or mobile home using our guidelines.

- Count all people, including babies, who live and sleep here most of the time.

The Census Bureau also conducts counts in institutions and other places, so:

- Do not count anyone living away either at college or in the Armed Forces.
- Do not count anyone in a nursing home, jail, prison, detention facility, etc., on April 1, 2010.
- Leave these people off your form, even if they will return to live here after they leave college, the nursing home, the military, jail, etc. Otherwise, they may be counted twice.

The Census must also include people without a permanent place to stay, so:

- If someone who has no permanent place to stay is staying here on April 1, 2010, count that person. Otherwise, he or she may be missed in the census.

1. How many people were living or staying in this house, apartment, or mobile home on April 1, 2010?

Number of people =

2. Were there any additional people staying here April 1, 2010 that you did not include in Question 1?

Mark ☒ all that apply.

- ☐ Children, such as newborn babies or foster children
- ☐ Relatives, such as adult children, cousins, or in-laws
- ☐ Nonrelatives, such as roommates or live-in baby sitters
- ☐ People staying here temporarily
- ☐ No additional people

3. Is this house, apartment, or mobile home — Mark ☒ ONE box.

- ☐ Owned by you or someone in this household with a mortgage or loan? Include home equity loans.
- ☐ Owned by you or someone in this household free and clear (without a mortgage or loan)?
- ☐ Rented?
- ☐ Occupied without payment of rent?

4. What is your telephone number? We may call if we don't understand an answer.

Area Code + Number

- -

OMB No. 0607-0919-C: Approval Expires 12/31/2011.

Form **D-61** (9-25-2008)

U S C E N S U S B U R E A U

5. Please provide information for each person living here. Start with a person living here who owns or rents this house, apartment, or mobile home. If the owner or renter lives somewhere else, start with any adult living here. This will be Person 1.

What is Person 1's name? Print name below.

Last Name

First Name

MI

6. What is Person 1's sex? Mark ☒ ONE box.

- ☐ Male ☐ Female

7. What is Person 1's age and what is Person 1's date of birth?

Please report babies as age 0 when the child is less than 1 year old.

Print numbers in boxes.

Age on April 1, 2010

Month

Day

Year of birth

→ NOTE: Please answer BOTH Question 8 about Hispanic origin and Question 9 about race. For this census, Hispanic origins are not races.

8. Is Person 1 of Hispanic, Latino, or Spanish origin?

- ☐ No, not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican Am., Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin — Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. ↴

9. What is Person 1's race? Mark ☒ one or more boxes.

- ☐ White
- ☐ Black, African Am., or Negro
- ☐ American Indian or Alaska Native — Print name of enrolled or principal tribe. ↴

- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Other Asian — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↴
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander — Print race, for example, Fijian, Tongan, and so on. ↴

- ☐ Some other race — Print race. ↴

10. Does Person 1 sometimes live or stay somewhere else?

- ☐ No ☐ Yes — Mark ☒ all that apply.

- ☐ In college housing
- ☐ In the military
- ☐ At a seasonal or second residence
- ☐ For child custody
- ☐ In jail or prison
- ☐ In a nursing home
- ☐ For another reason

→ If more people were counted in Question 1, continue with Person 2.

Item 3: 2010 Census Questionnaire (Continued)

1. Print name of **Person 2**

Last Name

First Name MI

2. How is this person related to Person 1? Mark ☒ ONE box.

- | | |
|---|--|
| <input type="checkbox"/> Husband or wife | <input type="checkbox"/> Parent-in-law |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Roomer or boarder |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Housemate or roommate |
| <input type="checkbox"/> Father or mother | <input type="checkbox"/> Unmarried partner |
| <input type="checkbox"/> Grandchild | <input type="checkbox"/> Other nonrelative |

3. What is this person's sex? Mark ☒ ONE box.

- ☐ Male ☐ Female

4. What is this person's age and what is this person's date of birth?

Please report babies as age 0 when the child is less than 1 year old.
Print numbers in boxes.

Age on April 1, 2010 Month Day Year of birth

→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this census, Hispanic origins are not races.

5. Is this person of Hispanic, Latino, or Spanish origin?

- ☐ No, not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican Am., Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin — Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. ↗

6. What is this person's race? Mark ☒ one or more boxes.

- ☐ White
- ☐ Black, African Am., or Negro
- ☐ American Indian or Alaska Native — Print name of enrolled or principal tribe. ↗

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Asian — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↗ | | |
| <input type="checkbox"/> Other Pacific Islander — Print race, for example, Fijian, Tongan, and so on. ↗ | | |

- ☐ Some other race — Print race. ↗

7. Does this person sometimes live or stay somewhere else?

- ☐ No ☐ Yes — Mark ☒ all that apply.
- | | |
|--|---|
| <input type="checkbox"/> In college housing | <input type="checkbox"/> For child custody |
| <input type="checkbox"/> In the military | <input type="checkbox"/> In jail or prison |
| <input type="checkbox"/> At a seasonal or second residence | <input type="checkbox"/> In a nursing home |
| | <input type="checkbox"/> For another reason |

→ If more people were counted in Question 1 on the front page, continue with Person 3.

1. Print name of **Person 3**

Last Name

First Name MI

2. How is this person related to Person 1? Mark ☒ ONE box.

- | | |
|---|--|
| <input type="checkbox"/> Husband or wife | <input type="checkbox"/> Parent-in-law |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Roomer or boarder |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Housemate or roommate |
| <input type="checkbox"/> Father or mother | <input type="checkbox"/> Unmarried partner |
| <input type="checkbox"/> Grandchild | <input type="checkbox"/> Other nonrelative |

3. What is this person's sex? Mark ☒ ONE box.

- ☐ Male ☐ Female

4. What is this person's age and what is this person's date of birth?

Please report babies as age 0 when the child is less than 1 year old.
Print numbers in boxes.

Age on April 1, 2010 Month Day Year of birth

→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this census, Hispanic origins are not races.

5. Is this person of Hispanic, Latino, or Spanish origin?

- ☐ No, not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican Am., Chicano
- ☐ Yes, Puerto Rican
- ☒ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin — Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. ↗

6. What is this person's race? Mark ☒ one or more boxes.

- ☐ White
- ☐ Black, African Am., or Negro
- ☐ American Indian or Alaska Native — Print name of enrolled or principal tribe. ↗

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Asian — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↗ | | |
| <input type="checkbox"/> Other Pacific Islander — Print race, for example, Fijian, Tongan, and so on. ↗ | | |

- ☐ Some other race — Print race. ↗

7. Does this person sometimes live or stay somewhere else?

- ☐ No ☐ Yes — Mark ☒ all that apply.
- | | |
|--|---|
| <input type="checkbox"/> In college housing | <input type="checkbox"/> For child custody |
| <input type="checkbox"/> In the military | <input type="checkbox"/> In jail or prison |
| <input type="checkbox"/> At a seasonal or second residence | <input type="checkbox"/> In a nursing home |
| | <input type="checkbox"/> For another reason |

→ If more people were counted in Question 1 on the front page, continue with Person 4.

Item 3: 2010 Census Questionnaire (Continued)

1. Print name of **Person 4**

Last Name

First Name MI

2. How is this person related to Person 1? Mark ☒ ONE box.

- | | |
|---|--|
| <input type="checkbox"/> Husband or wife | <input type="checkbox"/> Parent-in-law |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Roomer or boarder |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Housemate or roommate |
| <input type="checkbox"/> Father or mother | <input type="checkbox"/> Unmarried partner |
| <input type="checkbox"/> Grandchild | <input type="checkbox"/> Other nonrelative |

3. What is this person's sex? Mark ☒ ONE box.

- ☐ Male ☐ Female

4. What is this person's age and what is this person's date of birth?

Please report babies as age 0 when the child is less than 1 year old.
Print numbers in boxes.

Age on April 1, 2010 Month Day Year of birth

→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this census, Hispanic origins are not races.

5. Is this person of Hispanic, Latino, or Spanish origin?

- ☐ No, not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican Am., Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin — Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. ↘

6. What is this person's race? Mark ☒ one or more boxes.

- ☐ White
- ☐ Black, African Am., or Negro
- ☐ American Indian or Alaska Native — Print name of enrolled or principal tribe. ↘

- | | | |
|--|---|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Asian — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↘ | <input type="checkbox"/> Other Pacific Islander — Print race, for example, Fijian, Tongan, and so on. ↘ | |

- ☐ Some other race — Print race. ↘

7. Does this person sometimes live or stay somewhere else?

- ☐ No ☐ Yes — Mark ☒ all that apply.
- | | |
|--|---|
| <input type="checkbox"/> In college housing | <input type="checkbox"/> For child custody |
| <input type="checkbox"/> In the military | <input type="checkbox"/> In jail or prison |
| <input type="checkbox"/> At a seasonal or second residence | <input type="checkbox"/> In a nursing home |
| | <input type="checkbox"/> For another reason |

→ If more people were counted in Question 1 on the front page, continue with Person 5.

1. Print name of **Person 5**

Last Name

First Name MI

2. How is this person related to Person 1? Mark ☒ ONE box.

- | | |
|---|--|
| <input type="checkbox"/> Husband or wife | <input type="checkbox"/> Parent-in-law |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Roomer or boarder |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Housemate or roommate |
| <input type="checkbox"/> Father or mother | <input type="checkbox"/> Unmarried partner |
| <input type="checkbox"/> Grandchild | <input type="checkbox"/> Other nonrelative |

3. What is this person's sex? Mark ☒ ONE box.

- ☐ Male ☐ Female

4. What is this person's age and what is this person's date of birth?

Please report babies as age 0 when the child is less than 1 year old.
Print numbers in boxes.

Age on April 1, 2010 Month Day Year of birth

→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this census, Hispanic origins are not races.

5. Is this person of Hispanic, Latino, or Spanish origin?

- ☐ No, not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican Am., Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin — Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. ↘

6. What is this person's race? Mark ☒ one or more boxes.

- ☐ White
- ☐ Black, African Am., or Negro
- ☐ American Indian or Alaska Native — Print name of enrolled or principal tribe. ↘

- | | | |
|--|---|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Asian — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↘ | <input type="checkbox"/> Other Pacific Islander — Print race, for example, Fijian, Tongan, and so on. ↘ | |

- ☐ Some other race — Print race. ↘

7. Does this person sometimes live or stay somewhere else?

- ☐ No ☐ Yes — Mark ☒ all that apply.
- | | |
|--|---|
| <input type="checkbox"/> In college housing | <input type="checkbox"/> For child custody |
| <input type="checkbox"/> In the military | <input type="checkbox"/> In jail or prison |
| <input type="checkbox"/> At a seasonal or second residence | <input type="checkbox"/> In a nursing home |
| | <input type="checkbox"/> For another reason |

→ If more people were counted in Question 1 on the front page, continue with Person 6.

Item 3: 2010 Census Questionnaire (Continued)

1. Print name of **Person 6**

Last Name

First Name

MI



2. How is this person related to Person 1? Mark ☒ ONE box.

- | | |
|---|--|
| <input type="checkbox"/> Husband or wife | <input type="checkbox"/> Parent-in-law |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Roomer or boarder |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Housemate or roommate |
| <input type="checkbox"/> Father or mother | <input type="checkbox"/> Unmarried partner |
| <input type="checkbox"/> Grandchild | <input type="checkbox"/> Other nonrelative |

3. What is this person's sex? Mark ☒ ONE box.

- ☐ Male ☐ Female

4. What is this person's age and what is this person's date of birth?

Please report babies as age 0 when the child is less than 1 year old.

Print numbers in boxes.

Age on April 1, 2010

Month

Day

Year of birth

→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this census, Hispanic origins are not races.

5. Is this person of Hispanic, Latino, or Spanish origin?

- ☐ No, not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican Am., Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin — Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. ↗

6. What is this person's race? Mark ☒ one or more boxes.

- ☐ White
- ☐ Black, African Am., or Negro
- ☐ American Indian or Alaska Native — Print name of enrolled or principal tribe. ↗

- | | | |
|--|---|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input checked="" type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Asian — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↗ | <input type="checkbox"/> Other Pacific Islander — Print race, for example, Fijian, Tongan, and so on. ↗ | |

- ☐ Some other race — Print race. ↗

7. Does this person sometimes live or stay somewhere else?

- ☐ No ☐ Yes — Mark ☒ all that apply.
- | | |
|--|---|
| <input type="checkbox"/> In college housing | <input type="checkbox"/> For child custody |
| <input type="checkbox"/> In the military | <input type="checkbox"/> In jail or prison |
| <input type="checkbox"/> At a seasonal or second residence | <input type="checkbox"/> In a nursing home |
| | <input type="checkbox"/> For another reason |

→ If more than six people were counted in Question 1 on the front page, turn the page and continue.

Form D-61 (9-25-2008)

→ If more people live here, turn the page and continue.

Item 3: 2010 Census Questionnaire (Continued)

Use this section to complete information for the rest of the people you counted in Question 1 on the front page. We may call for additional information about them.

Person 7

Last Name		First Name		MI
<input type="text"/>		<input type="text"/>		<input type="text"/>
Sex	Age on April 1, 2010	Date of Birth		Related to Person 1?
<input type="checkbox"/> Male	<input type="text"/>	Month	Day	<input type="checkbox"/> Yes
<input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> No

Person 8

Last Name		First Name		MI
<input type="text"/>		<input type="text"/>		<input type="text"/>
Sex	Age on April 1, 2010	Date of Birth		Related to Person 1?
<input type="checkbox"/> Male	<input type="text"/>	Month	Day	<input type="checkbox"/> Yes
<input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> No

Person 9

Last Name		First Name		MI
<input type="text"/>		<input type="text"/>		<input type="text"/>
Sex	Age on April 1, 2010	Date of Birth		Related to Person 1?
<input type="checkbox"/> Male	<input type="text"/>	Month	Day	<input type="checkbox"/> Yes
<input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> No

Person 10

Last Name		First Name		MI
<input type="text"/>		<input type="text"/>		<input type="text"/>
Sex	Age on April 1, 2010	Date of Birth		Related to Person 1?
<input type="checkbox"/> Male	<input type="text"/>	Month	Day	<input type="checkbox"/> Yes
<input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> No

Person 11

Last Name		First Name		MI
<input type="text"/>		<input type="text"/>		<input type="text"/>
Sex	Age on April 1, 2010	Date of Birth		Related to Person 1?
<input type="checkbox"/> Male	<input type="text"/>	Month	Day	<input type="checkbox"/> Yes
<input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> No

Person 12

Last Name		First Name		MI
<input type="text"/>		<input type="text"/>		<input type="text"/>
Sex	Age on April 1, 2010	Date of Birth		Related to Person 1?
<input type="checkbox"/> Male	<input type="text"/>	Month	Day	<input type="checkbox"/> Yes
<input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> No

**Thank you for completing your official
2010 Census form.**

FOR OFFICIAL USE ONLY

JIC1	JIC2
<input type="text"/>	<input type="text"/>

Item 3: 2010 Census Questionnaire (Continued)

If your enclosed postage-paid envelope is missing, please mail your completed form to:

**U.S. Census Bureau
National Processing Center
1201 East 10th Street
Jeffersonville, IN 47132**

If you need help completing this form, call 1-866-872-6868 between 8:00 a.m. and 9:00 p.m., 7 days a week. The telephone call is free.

TDD — Telephone display device for the hearing impaired. Call 1-866-783-2010 between 8:00 a.m. and 9:00 p.m., 7 days a week. The telephone call is free.

¿NECESITA AYUDA? Si usted necesita ayuda para completar este cuestionario, llame al 1-866-928-2010 entre las 8:00 a.m. y 9:00 p.m., 7 días a la semana. La llamada telefónica es gratis.

The U.S. Census Bureau estimates that, for the average household, this form will take about 10 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this burden to: Paperwork Reduction Project 0607-0919-C, U.S. Census Bureau, AMSD-3K138, 4600 Silver Hill Road, Washington, DC 20233. You may e-mail comments to <Paperwork@census.gov>; use "Paperwork Project 0607-0919-C" as the subject.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget.



www.census.gov/history/pdf/2010questionnaire.pdf

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